

the action of orally administered Digoxin; it is apparent within an hour. Relief of symptoms of cardiac failure is complete in about six hours, and full digitalization is achieved in eighteen to twenty-four hours.

Even maintenance . . . The rate of elimination of Digoxin is unique; it is fast enough to permit rapid control of toxicity in case of overdosage1; it is not so rapid as to give fleeting peaks of effect. This balance provides both a practical margin of safety and steady maintenance.

for oral digitalization and maintenance. "Wellcome'® brand Digoxin Injection 0.5 mg. in 1 cc. for rapid digitalization by intravenous injection (after dilution with 10 times its volume of saline).

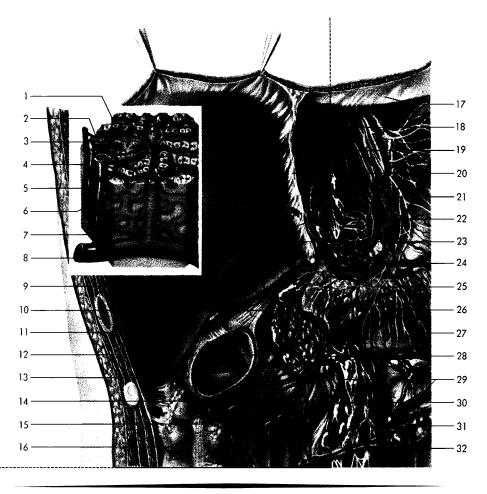
Preparations available:

- for oral digitalization and maintenance.

1. Schaaf, R. S., Hurst, J. W., and Williams C.: Med. Clin. North America (Mass. Gen. Hosp. No.) p. 1255 (Sept.) 1949.



Upper Right Quadrant of the Abdomen



- 1 Sinusoid
- 2 Arteriole
- 3 Bile capillary
- 4 Branch of hepatic artery
- 5 Bile duct
- 6 Branch of portal vein
- 7 Central vein
- 8 Branch of inferior vena cava
- 9 Right lobe of liver
- 10 Common bile duct and tenth rib
- 11 Gallbladder
- 12 Papilla of Vater
- 13 Transverse colon
- 14 Duodenum
- 15 Branches of right colic artery and vein

- 16 Ascending colon
- 17 Coronary ligament and esophagus
- 18 Left hepatic vein and left vagus nerve
- 19 Inferior vena cava and right vagus nerve
- 20 Falciform ligament and branch of portal vein
- 21 Abdominal aorta and celiac plexus
- 22 Hepatic duct and hepatic artery
- 23 Cystic duct and celiac artery
- 24 Celiac ganglion and gastroduodenal artery and vein

- 25 Left gastric artery and coronary vein
- 26 Pancreatic duct
- 27 Right gastroepiploic artery and vein
- 28 Head of pancreas and pancreaticoduodenal artery and vein
- 29 Superior mesenteric artery and vein, and jejunum
- 30 Right colic artery and vein
- 31 Superior mesenteric lymph nodes
- 32 Inferior mesenteric vein and left ureter

This is one of a series of paintings for Lederle by Paul Peck, illustrating the anatomy of various organs and tissues of the body which are frequently attacked by infection, where aureomycin may prove useful.



for prompt antibacterial action in biliary infections, prescribe...

Aureomycin Hydrochloride Crystalline

This broad-spectrum antibiotic is rapidly distributed throughout the tissues and body fluids after oral administration, and is concentrated in the bile; thereby providing potent action for the control of liver and biliary infections, and for the prevention of infection following surgery of the biliary tract.

(Literature available on request-

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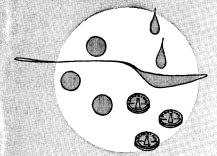
No other antihistamine is better tolerated by patients.

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Maleate



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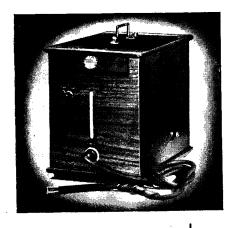
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Scientific Facts on

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Scientific Facts on

Chicagonyti (1937) by Wolter M. Eddy, Ph.D.

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Perhaps nowhere else in the field of medicine is the deodorizing power of chlorophyll-derivatives so well demonstrated as in controlling the odor from colostomier. Removal of fecal odors under such conditions can not only help the patient adjust to a difficult social, psychic and physical situation — but also lift the morale of the physician, nurse or hospital attendants involved.

There is complete agreement among investigators 1-2345 that chlorophyll-derivatives do deodorize, however, the method of choice for administering them is yet to be determined. ... at the site of the colostomy, ingested, or both. The surgeon or physician may base his recommendation on the severity of the problem in each case.

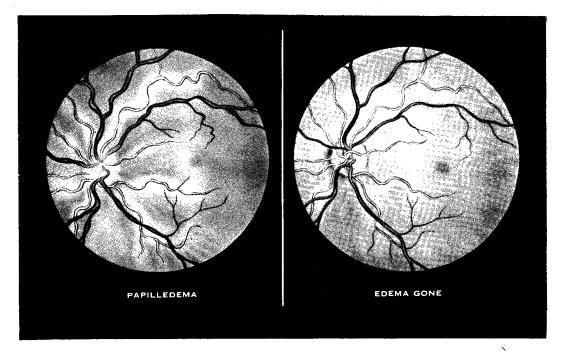
Codman! reports elimination of such odors for several hours by inserting within the colostomy opening a capsule containing water-soluble chlorophyll and kaolin combined. Recommended time for this procedure was immediately after the morning irrigation and evacuation.

Astler and Morley-3-report use of suppositories with good results. Weingarten and Payson's report complete disappearance of fecal odors within forty-eight hours after treatment was begun with a dosage of four to eight chlorophyll-derivative tablets daily.

Simulated by Weingarten and Payson's successful control of these problem odors, Joseph's began a study on the elimination of bed-pan odors on a similar dosage schedule. Of this results he writes: "Our report covers ten colostomy and intestinal fistulae patients at our County Tuberculosis Sanitarium. On a regimen, starting with two tablets orally four times daily, offensive odors disappeared in about 49 hours from all our test cases."

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In discussing antihypertensive therapy, Grimson and co-workers conclude ". . . hexamethonium seems to be the best present medical approach toward blockade of the sympathetic nervous system." 1

With Methium (hexamethonium chloride), orally effective ganglion blocking makes it possible to:

- reduce blood pressure to normal or nearnormal levels
- 2. produce marked subjective improvement. Even when blood pressure is not lowered significantly, headaches, dizziness, palpitation and other complaints disappear in the majority of cases.

Also, "Papilledema and retinal damage usually regress. Cerebral edema and vomiting can be relieved. Pulmonary edema may be lessened or resolved and cardiac hypertrophy diminished."²

Methium is particularly indicated in severe hypertension. In malignant hypertension it is known to stay the rapid progress of the disease. Induction of lower blood pressure and increase of dosage should be gradual. Once maximal therapeutic benefit is obtained, dosage can be stabilized and therapy maintained indefinitely.

Methium is a potent drug and should be used with particular caution when complications exist—impaired renal function, coronary artery disease and existing or threatened cerebral vascular accidents. Complete instructions for the use of Methium are available and should be consulted prior to instituting Methium therapy.

Methium is supplied in both 125 mg. and 250 mg. scored tablets in bottles of 100 and 500.

- Grimson, K. S.; Orgain, E. S.; Rowe, C. R., and Sieber, H. A.: J.A.M.A. 149:215 (May 17) 1952.
- 2. Paton, W. D. M., and Zaimis, E. J.: Pharm. Reviews 4:219 (Sept.) 1952.



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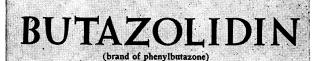
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1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarzick, R. W.; Brown, B., and Mankle, E. A.; J.A.M.A. 149:729 (June 21) 1952.

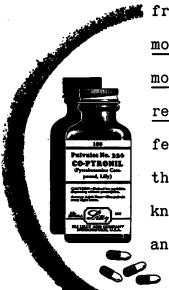
3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey 49:306, 1952.



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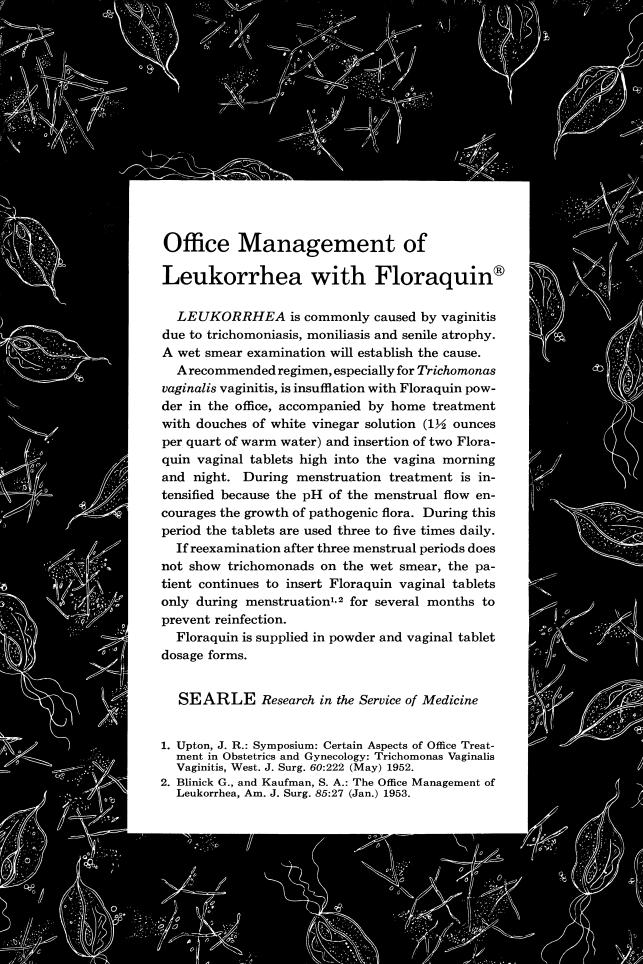
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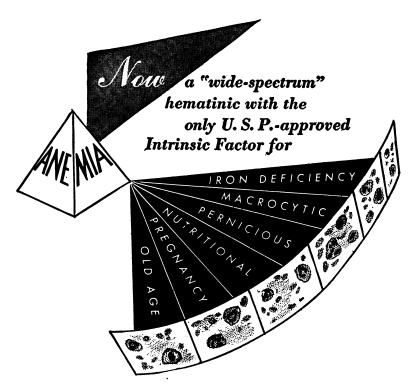
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Snow, W. B., and Coss, J. A., N. Y. State J. Med. 52: 319, Feb. 1, 1952

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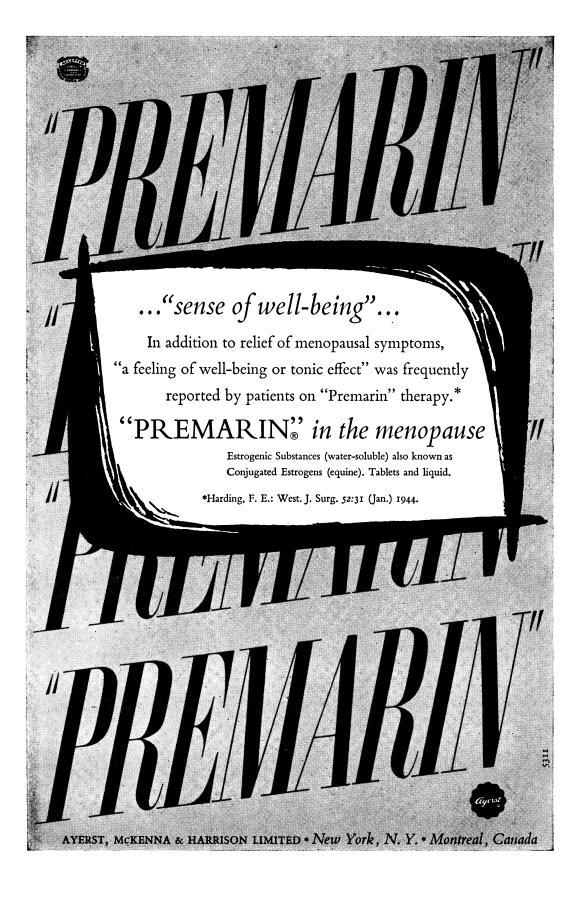


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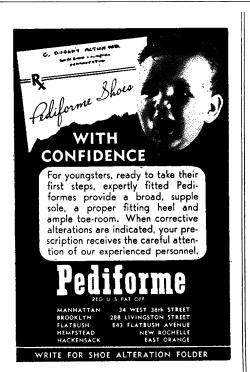
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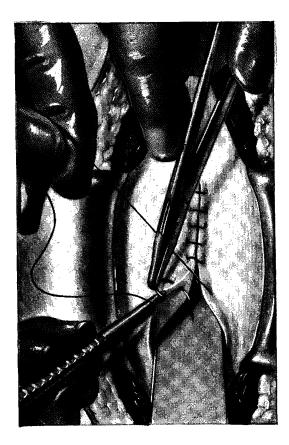


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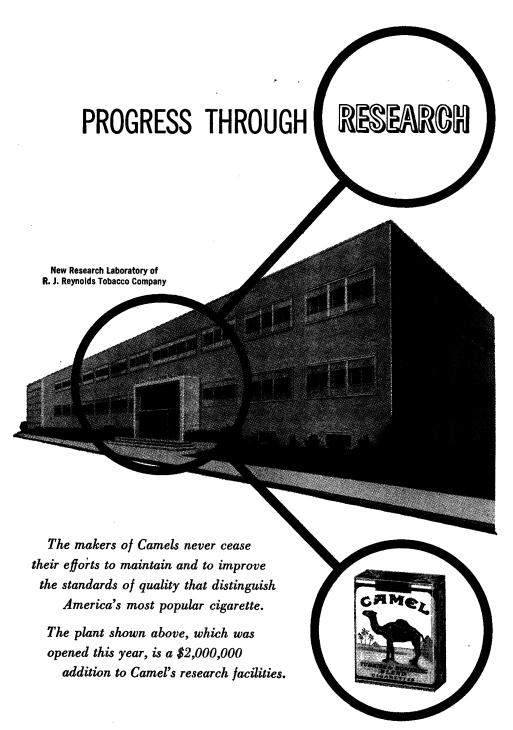
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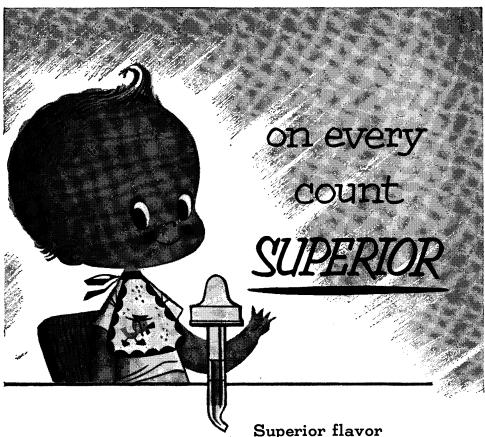
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